

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

37410

State File No. ....

FILED DEC 13 1950

BIRTH NO. ....

REG. DIST. NO. 157

PRIMARY REG. DIST. NO. 3028

Registrar's No. 203

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Carthagec. LENGTH OF  
STAY (in this place)  
2 daysd. FULL NAME OF  
HOSPITAL OR  
INSTITUTION Mc Cune-Brooks

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Rural - Marion

0490

d. STREET  
ADDRESS Rt # 23. NAME OF  
DECEASED  
(Type or Print)

a. (First)

Elza A. King

b. (Middle)

c. (Last)

4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

Dec 7, 1950

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

June 7, 1863

9. AGE (In years  
last birthday)

87

## 10. UNDER 1 YEAR

Months

6

## 11. UNDER 1 YEAR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

Ret. Farmer

10b. KIND OF BUSINESS OR IN-  
DUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Unknown Iowa

12. CITIZEN OF WHAT  
COUNTRY?

U.S.

## 13a. FATHER'S NAME

Chas. W. King

## 13b. MOTHER'S MAIDEN NAME

Julia Ann Basevwas

## 14. NAME OF HUSBAND OR WIFE

Sarah Jane Mc Crary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

None

16. SOCIAL SECURITY  
NO.

None

## 17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Sarah Jane King, Carthage, Rt # 2

18. CAUSE OF DEATH  
Enter only one cause per  
line for (a), (b), and (c)\*This does not mean  
the mode of dying, such  
as heart failure, asthenia,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.INTERVAL BETWEEN  
ONSET AND DEATH

5 weeks

4322

19a. DATE OF OPERA-  
TION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐NO ☒21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

Natural

21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

Carthage

Jasper

Mo

21d. TIME  
OF  
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐ AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1950, to Dec 7, 1950, that I last saw the deceased  
alive on Dec 5, 1950, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

## 24b. DATE

12-9-50

## 24c. NAME OF CEMETERY OR CREMATORY

Paradise Cemetery

## 24d. LOCATION (City, town, or county)

Jasper, Missouri

(State)

DATE REC'D BY LOCAL  
REG.

12-9-50

## REGISTRAR'S SIGNATURE

L B Clinton, M.D.

## 25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

ULMER FUNERAL HOME, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-12-50  
Jasper County Health Office  
County File Number 50-12-908  
Date Filed 12-12-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.